## West Virginia State Treasurer Report of Unclaimed Property Form UP 8-7

Complete this Cover Sheet and the attached forms and submit with your total remittance by November 1 (May 1 for Life Insurance).

Holder name:		FEIN:				
Mailing Address:						
City		01-1		Zip Code:		
Contact Person:		Phone:				
Fax:		E-Mail:				
Business Data:						
1. State of Corporation:		2. Inco	2. Incorporation Date:			
3. Type of Business Activity:	iness Activity:			4. Standard Industry Code (SIC):		
5. Annual Sales/Premiums:	6. Annual Assets:					
7. Total Number Employees:	in West Virginia			_		
8. Does this report include:	<ul><li>(1) Branches and Divisions</li><li>(2) All subsidiaries?</li></ul>	?	Yes Yes	No		
	Please attach a Schedule	of Subsidiaries				
9. Are you publicly traded?	Yes or N	lo 10. Sto	ck Exchange \$	Symbol:		
11. Place a check mark next t	o type of business ownership	(if not incorporate	ed):			
Sole Proprietor		Partnership		Limited Liability Company		
Negative Report:						
☐ Check here if there is not an	y property to report.					
Please complete the fo	_					
I,(please print name)	hereby dec	clare, under penal	ty of perjury, t	hat to the best of my		
knowledge and belief, the folloof pages, totaling \$Uniform Unclaimed Property Aapparent owner of property over the state of the s	owing sheets contain a full, trues	ue, and complete ned abandoned ur	report consisti	ing of number sions of the		
Signature:		Date: _				
Notary Signature & Stamp						

**Print or Type:**